

GROUND BREAKING
NATIONAL REHABILITATION HOSPITAL
WASHINGTON, D.C.
OCTOBER 19, 1983

- O I AM SO PLEASED TO JOIN WITH YOU TODAY IN YOUR GROUND BREAKING CELEBRATION. THE NATIONAL REHABILITATION HOSPITAL WILL PROVIDE A GREAT MANY CITIZENS WITH HOPE. HOPE THAT THEY TOO CAN BENEFIT FROM THE NEWEST ADVANCES IN THE REHABILITATION OF DISABLED INDIVIDUALS, AND AGAIN RESUME A PRODUCTIVE, FULL LIFE.
- O THE TIME HAS COME FOR US TO REEXAMINE OUR PRIORITIES, FOR MANY YEARS ENORMOUS AMOUNTS OF ATTENTION AND HEALTH CARE DOLLARS HAVE BEEN SPENT ON FINDING CURES TO THE ILLS THAT PLAGUE AMERICANS.
- O THESE PRIORITIES HAVE RESULTED IN SOME SPECTACULAR ADVANCES. POLIO HAS CEASED TO BE A CONSTANT FEAR OF PARENTS, A DIAGNOSIS OF CANCER NO LONGER MEANS AN AUTOMATIC DEATH SENTENCE.
- O HOWEVER, ALONG WITH THESE ADVANCES WE HAVE ALSO SEEN NEW CHRONIC CONDITIONS APPEAR, WHICH BRING WITH THEM NEW CHALLENGES FOR THE FUTURE.

- O OBVIOUSLY FINDING THE CURE TO AN ILLNESS IS STILL A HIGH PRIORITY, BUT ALONG WITH THIS PRIORITY SHOULD BE THE DESIRE TO IMPROVE OUR ABILITY TO REHABILITATE THOSE WHO ARE DISABLED BECAUSE OF ACCIDENTS OR DISEASES.

- O THE ONSET OF A PHYSICAL DISABILITY OFTEN RESULTS IN UNNECESSARY PERSONAL AND SOCIETAL COSTS BECAUSE REHABILITATION IS NOT PROVIDED OR BECAUSE SIGNIFICANT DELAYS OCCUR IN OBTAINING SERVICES.

- O MEDICARE IS EXPECTED TO COVER APPROXIMATELY 2.9 MILLION DISABLED INDIVIDUALS IN FY 1984. THE AVERAGE COST OF CARE FOR EACH OF THESE INDIVIDUALS IN 1984 WILL BE APPROXIMATELY \$2,950. FOR THE AGED COVERED UNDER THE PROGRAM, THE AVERAGE COST WILL BE ABOUT \$2,123. FROM THE PROSPECTIVE OF ONE RESPONSIBLE FOR THE MEDICARE PROGRAM I WANT TO MAKE SURE THAT THE CARE WE ARE PURCHASING IS OF THE HIGHEST QUALITY, AND PROVIDES THE GREATEST BENEFIT FOR THE INDIVIDUAL.

- O MEDICAL TECHNOLOGY HAS PROLONGED LIFE TO THE EXTENT THAT TODAY 65 YEAR OLDS CAN EXPECT TO LIVE UNTIL THEY ARE 80-SOME YEARS OLD. AS A RESULT, THE NEED FOR SPECIALIZED LONG-TERM CARE HAS INCREASED -- CARE WHICH IS VERY DIFFERENT FROM THE GENERAL MEDICAL AND SURGICAL CARE WE OFTEN THINK OF IN CONNECTION WITH MEDICARE AND MEDICAID. WE RECOGNIZED THAT DIFFERENCE WHEN WE EXEMPTED REHABILITATION HOSPITALS FROM THE PROSPECTIVE PAYMENT SYSTEM ADOPTED FOR INPATIENT SERVICES UNDER THE MEDICARE PROGRAM. WHILE EXEMPTING REHABILITATION HOSPITALS FROM PAYMENT UNDER THE PROSPECTIVE SYSTEM, WE DID REQUIRE THE SECRETARY TO EVALUATE WHETHER AND UNDER WHAT METHOD, EXEMPTED HOSPITALS CAN BE PAID ON A PROSPECTIVE BASIS. THE SECRETARY'S EVALUATION IS TO BE REPORTED TO THE CONGRESS AT THE END OF 1985.

- O RECOGNITION OF THE TOTAL NEEDS OF THE DISABLED HAS CLEARLY BEEN INCREASING. EFFORTS TO PROVIDE FOR THE FISCAL NEEDS OF THE DISABLED HAVE BEEN INCREASINGLY SUCCESSFUL OVER THE PAST 27 YEARS WITH THE ADOPTION OF THE DISABILITY INSURANCE AND SUPPLEMENTAL SECURITY INCOME PROGRAMS.

- O IN ADDITION, WE IN THE FINANCE COMMITTEE HAVE A HISTORY OF SUPPORT FOR REHABILITATIVE SERVICES WHICH DATES BACK TO 1935 AND THE PASSAGE OF TITLE V OF THE SOCIAL SECURITY ACT WHICH PROVIDED NEEDED SERVICES TO CRIPPLED CHILDREN. LATER, ADDITIONAL FUNDS FOR CRIPPLED CHILDREN'S SERVICES WERE PROVIDED UNDER THE SUPPLEMENTAL SECURITY INCOME PROGRAM ESTABLISHED BY TITLE XVI OF THE ACT.

- O WHILE THE UNDERLYING CONDITIONS THAT RESULT IN CHILDHOOD HANDICAPS AND DISABILITIES HAVE CHANGED, THE CHRONIC NATURE OF THOSE DISABLING CONDITIONS HAS NOT. POLIO MAY HAVE BEEN REPLACED BY CYSTIC FIBROSIS, BUT THE NEED FOR ONGOING CARE, NO MATTER WHAT THE DISABLING CONDITION, IS JUST AS IMPORTANT TODAY AS IT WAS IN THE PAST.

- O AS YOU KNOW, IN 1981 WE CREATED THE MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT TO CONSOLIDATE PROGRAMS AND FOSTER THE DEVELOPMENT OF A COMPREHENSIVE, COORDINATED APPROACH TO PROVIDING HEALTH CARE TO MOTHERS AND CHILDREN. SINCE THE MCH BLOCK GRANT WAS CREATED, FUNDING AUTHORIZATION HAS REMAINED CONSTANT AT \$373 MILLION. WE ARE CURRENTLY CONSIDERING AN INCREASE IN THE AUTHORIZATION LEVEL TO \$455 MILLION TO AT LEAST TAKE INTO ACCOUNT INCREASES IN THE COST OF SERVICES AND THE NUMBER OF INDIVIDUALS THAT NEED ASSISTANCE.

- O AS NOTED EARLIER, IMPAIRMENT AND DISABILITY WILL CONTINUE AND POSSIBLY INCREASE, THOUGH THE CAUSES MAY CHANGE. BECAUSE THE PROBLEM IS EXPECTED TO CONTINUE AND BECAUSE OF THE SOCIAL AND ECONOMIC CONSEQUENCES OF DISABILITY, WE NEED TO PROJECT AHEAD TO WHAT OUR NEEDS WILL BE; AND WHO IS BEST ABLE TO MEET THEM.

- O IN LOOKING AT OUR NEEDS I REVIEWED AN ARTICLE, PUBLISHED IN 1981 WHICH GAVE THE FOLLOWING STATISTICS:

IN 1972 IT WAS ESTIMATED THAT 15 PERCENT OF THE WORKING-AGE POPULATION WERE LIMITED IN THEIR ABILITY TO WORK BECAUSE OF CHRONIC HEALTH CONDITIONS AND IMPAIRMENTS. IT WAS ESTIMATED THAT 7,500 PEOPLE SURVIVE TRAUMATIC SPINAL CORD INJURY ANNUALLY, THAT POSSIBLY AS MANY AS 422,000 SURVIVE BRAIN TRAUMA AND THAT OVER 700,000 LIVE FOLLOWING STROKES. THERE ARE THOUGHT TO BE 20 MILLION ARTHRITICS, AND THOSE WITH NEUROLOGICAL DISORDERS MAY NUMBER 1.5 MILLION. IT IS ESTIMATED THAT EACH YEAR BACK PAIN DISABILITIES AFFECT AT LEAST 17.7 MILLION PEOPLE BADLY ENOUGH TO REQUIRE HOSPITALIZATION. LARGE NUMBERS ALSO SUFFER FROM CANCER AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE. IN ALL, AT SOME TIME DURING THEIR LIVES 70 PERCENT OF THE POPULATION BECOMES DISABLED TO THE EXTENT OF BEING UNABLE TO CLIMB A FLIGHT OF STAIRS.

- O WHILE THE STATISTICS ARE DATED, I UNDERSTAND THAT THE SITUATION TODAY MAY BE COMPARABLE, IN FACT, THE NEED FOR SERVICES HAS PROBABLY GROWN.

- O CLEARLY WE WILL NEED A SYSTEM WHICH IS FLEXIBLE ENOUGH TO MEET ALL THESE DIFFERENT NEEDS, AND THE NATIONAL REHABILITATION HOSPITAL IS A STEP IN THE RIGHT DIRECTION.

- O MEDICAL REHABILITATION IS AN APPROACH BASED ON THE RECOGNITION THAT ALL ASPECTS OF A PERSON'S LIFE ARE AFFECTED WHEN A PHYSICAL IMPAIRMENT OCCURS. THE APPROACH CONSIDERS THE WHOLE PERSON AND IS CARRIED OUT BY MANY DIFFERENT PRACTITIONERS WORKING TOGETHER AS A TEAM.

- O AS ONE WHO HAS PERSONALLY EXPERIENCED A REHABILITATION PROGRAM, I CAN ONLY UNDERLINE THE VALUE OF THIS HOLISTIC APPROACH. THE LIFE OF A HANDICAPPED INDIVIDUAL IS NOT BROKEN DOWN INTO SECTIONS OF THE BODY. ALL OF THE BODY'S NEEDS MUST BE MET EACH DAY - AND HELPING A PERSON TO LEARN TO COPE WITH THESE NEEDS IS AN INTEGRAL PART OF THE PROCESS. THE INDIVIDUALS INVOLVED IN THE DEVELOPMENT OF THE NATIONAL REHABILITATION HOSPITAL ARE COMMITTED TO THIS PHILOSOPHY.

- O THERE IS LITTLE DOUBT THAT REHABILITATION HOSPITAL PROFESSIONALS BELIEVE THERE SHOULD BE MORE OF THESE INSTITUTIONS. MAJOR ADVANCES IN REHABILITATION SERVICES WILL COME THROUGH THEIR EFFORTS. A STRONGER RELATIONSHIP BETWEEN THE COMPREHENSIVE REHABILITATION HOSPITAL AND THE COMMUNITY ACUTE CARE HOSPITAL IS SOMETHING I WOULD URGE YOU ALL TO FOSTER. YOU HAVE SO MUCH TO LEARN FROM ONE ANOTHER - AND THE BENEFICIARY OF THESE EFFORTS IS OF COURSE THE PATIENT.

- O THE HEALTH CARE INDUSTRY IN THIS COUNTRY HAS A TREMENDOUS TASK BEFORE IT. EDUCATING ACUTE CARE PROVIDERS, LEGISLATORS, OPINION-MOLDING LEADERS, THE INSURANCE INDUSTRY, AND THE PUBLIC AS TO THE VALUE AND NECESSITY OF REHABILITATION SERVICES IS OF CRUCIAL IMPORTANCE TO OUR DISABLED CITIZENS.

- O WE ALL HAVE SO MUCH TO OFFER AND SO MUCH YET TO LEARN. DISABLED CITIZENS ARE LOOKING NOT FOR A HAND-OUT, BUT FOR A HAND IN BECOMING INDEPENDENT. I COMMEND YOU FOR YOUR EFFORTS.